



**Department of Health and Human Services – Office of MaineCare Services (OMS)
FAQs for School Health Providers Related to OMS' Restraint Guidance**

**Updated April 24, 2023 (*New material in red)
Original FAQ Issued March 6, 2023**

1. How should a provider bill MaineCare for services delivered in school if the provider restrains a member during the course of services?

Providers must ensure claims submitted to MaineCare do not include any billing unit if a member was restrained during that unit. The units of billable service vary depending on the service as outlined in the MaineCare Benefits Manual (MBM); providers are responsible for billing in accordance with the MBM. Most MaineCare services commonly delivered in schools, including the following services, have 15- minute billing increments:

- Section 28 Children's Rehabilitation and Community Support
- Section 28 Children's Specialized Rehabilitative Services
- Section 65 Children's Behavioral Health Day Treatment
- Section 65 Outpatient Services

Providers should review Chapter I, Section 1.03-8(J) of the MaineCare Benefits Manual, to understand the Rounding Rule. This provides a framework for submitting a claim for partial units, for services that are delivered in 15-minute increments. Here is a [link](#) to Rounding Rule FAQs issued in January of 2023.

For example, if a provider generally provides Behavioral Health Day Treatment services to a child from 10:00 to 11:00 a.m. but restrains the child from 10:05 to 10:15 on a certain day, the provider may only bill for a partial 0.33 unit for the five minutes of the 15-minute unit from 10:00-10:15 during which they were delivering Behavioral Health Day Treatment services and did not restrain the child. The provider may bill for three, full 15-minute units for services delivered from 10:15 to 11:00.

Providers with questions about how to handle restraint practices when billing services not billed in 15-minute increments should contact their Provider Relations Specialist.

2. Will Kepro review of a member's IEP (Individualized Education Program) or Individual Treatment Plan (ITP) include consideration of restraint practices?

DHHS (or an Authorized entity such as Kepro) conducts prior authorization reviews of ITPs and IEPs, including reviewing IEPs to confirm that they list School Health-Related Services pursuant to [Joint Guidance](#) released by the Office of MaineCare Services and the Maine Department of Education in May 2021. Because OMS/DHHS does not reimburse for the time in which a restraint is used in an outpatient setting, Kepro may flag elements of an IEP or ITP to determine whether the plan is consistent with OMS/DHHS requirements.

DHHS or Kepro may hold the request for additional information about the specific service being provided and its consistency with the Rights of Recipients (ROR)-Children and other DHHS rules,

including the MBM. **If a member's plan explicitly or implicitly incorporates restraint, the Department may approve only that portion of the request which constitutes delivery of a covered MaineCare service.**

3. Do providers need to adjust any claims for services that included the restraint of a member submitted prior to this guidance?

This guidance is not a change in policy: it is a reminder that MaineCare does not reimburse if a child is restrained in an outpatient setting. Providers may adjust prior claims (through the prior eight quarters) if they are concerned that they may have billed for a time period when a child was restrained.

4. If a school did not bill in 15-minute increments prior to this year, how will they return to their records and update them to reflect 15-minute increments (looking back two years)?

If providers choose to adjust prior claims, they should maintain the billing increments that were in effect at the time the services were delivered. For services delivered in 2023, consistent with the billing guidance for rate changes that took effect on January 1, 2023, providers would need to update any billing that reflected older units of service. For services delivered prior to January 1, 2023, any adjustments should reflect the billing increments in effect at the time the service was delivered. Similarly, any rounding up of service units should reflect the rounding rule that was in effect at the time the service was delivered.

5. How does this impact Seed assessments?

This guidance does not change how "Seed" (or the state share of each claim) is assessed. MaineCare identifies claims associated with the delivery of covered services based on the reimbursement amount for each claim.

6. Is this a new rule or a rule change?

No. The guidance is not a rule: it is a clarification of how the Rights of Recipients of mental health services (RoR) interact with provisions of the MaineCare Benefits Manual governing the provision of behavioral health services in outpatient settings.

7. What settings/services does this guidance impact?

The guidance from MaineCare applies to outpatient behavioral health services only. The guidance lists the affected settings and applies only to outpatient behavioral health services in these settings.

8. Does this guidance apply to all MaineCare-enrolled students, even if they are placed out of state in residential settings for clinical/medical reasons?

The guidance from MaineCare is specific to children who are MaineCare members and only addresses outpatient services, provided both in- and out-of-state, if covered by MaineCare. Providers should consult the list of sections of policy in the guidance.

9. If emergency departments are authorized to bill MaineCare during an emergency when a restraint occurs, how does this differ from an emergency that occurs in an educational setting?

The guidance is limited to outpatient settings when behavioral health services are being delivered. It does not apply to emergency department settings.

10. How will Kepro review prior authorization (PA) requests?

As noted in the guidance, Kepro may request additional information if its prior authorization (PA) review raises questions about the possible use of restraint during the provision of an outpatient behavioral health service. In determining whether a service is reimbursable, MaineCare or its Authorized Entity considers the nature and components of the service being delivered and the role of the individual provider during service delivery. This includes reviewing the member's treatment goals and methods the provider employs to support the member in accomplishing their goals.

11. How will Kepro review requests for 2:1 staffing?

Kepro reviews each request based on the member's needs. If a provider is seeking prior authorization that includes 2:1 staff for a member, it is important for the provider to explain in the original submission what interventions the staff will use, how often 2:1 staff is needed, and what each staff member is doing during the day with the member. Kepro might ask questions about the 2:1 staffing during crisis management, including what interventions the staff might use, and how (if at all) the second staff member might engage with the member during non-crisis time periods. If, based on the information provided to Kepro by the provider, the sole role of the second staff member is to deliver a restraint, Kepro will deny the request for 2:1 staffing, but approve the remainder of the service.

12. How does the guidance interact with PAs providers may previously have received from DHHS/KEPRO, approving billing for 2:1 staffing?

An authorization from Kepro does not guarantee payment and the provider must meet all MaineCare requirements for billable activities per policy. Providers select this acknowledgement at every submission entry in Atrezzo. As noted in the guidance, MaineCare cannot reimburse for time spent in restraint, and such time is not a billable event.

13. How does this guidance interact with MaineCare's new Rounding Rule? If a restraint is less than 7.5 minutes, ½ of a 15-minute unit of service, would we not be able to bill the entire 15 -minute interval?

Under MaineCare's new rounding rule effective January 1, 2023, 12 minutes of a 15-minute service (80%) is the minimum time a provider must deliver a covered service, which does not include the provision of restraint, in order to round up to a whole unit. Providing 7.5 minutes of a covered service is insufficient for rounding up. While the new rounding rule officially took effect January 1, 2023, the Office of MaineCare Services is exercising enforcement discretion with respect to the new rule through 4/30/23. Please view the [Update to the Rounding Rule Enforcement Date](#) notice posted on April 3, 2023 for more information.

14. How does billing work if a member is physically restrained at 8:14 am for one minute and then restrained again at 8:17 for 40 seconds? Some guidance stated Providers could bill for the portions of the unit not involving physical management. Newer information from OMS says we cannot bill for any unit in which restraints were used. The first example would be a loss of 2 minutes of billing, while the second example results in 30 minutes or 2 full units unable to be billed.

Assuming the provider delivered a covered service during the time the member was not being restrained, the provider can bill for separate instances of delivering partial units of the same service on the same day by using the appropriate modifiers. If the provider delivered 80% of the service unit, after subtracting out the time in restraint, then the provider could round up to a full unit.

15. How does the guidance on restraint interact with the “exceptional circumstances” provision of the rounding rule?

The rounding rule governs how providers should bill for partial units. In the rounding rule provision, there is an exception that allows providers to round up based on a 50% threshold (rather than 80%) when there is an unforeseen circumstance, such as a fire or power outage, that prevents the provider from delivering the service. The exception for unforeseen circumstances that prevent delivery of a service might apply in some instances, but the Department does not agree that restraint is always an unforeseen circumstance. The Department expects that the exception would rarely apply in a restraint situation. The provider would need to document the circumstances and why they were unforeseen and prevented delivery of the full service. The Department would look at the totality of the circumstances, including the frequency of such circumstances, in determining whether the exception applies. For example, if the provider resumed delivery of the service following a brief period of restraint, the exception would not apply as the provider could still deliver a full unit of service.

As noted above, the Office of MaineCare Services is exercising enforcement discretion with respect to the new rounding rule through 4/30/23. Please view the [Update to the Rounding Rule Enforcement Date](#) notice posted on April 3, 2023 for more information.

16. Who should schools contact with questions regarding this guidance?

For questions for the Office of MaineCare Services, including questions related to prior authorization of services or MaineCare billing, please contact MaineCare Provider Relations Specialist Pamela Grotton at pamela.grotton@maine.gov.

For questions specifically regarding prior authorization of services please contact Kepro Provider Services at 866-521-0027 or ProviderRelationsME@Kepro.com.